

**1.5.14.4 Crisis Stabilization Programs/Units (Both Adult and Child)  
BPRS/BPRS-C Client Profiles and Service Components**

**Incentive: 1 ½ % of the State General Funds allocated per contract for  
Crisis Stabilization Services**

*Rationale:*

Each Regional Mental Health and Mental Retardation Board shall conduct thorough assessments for individuals admitted to and discharged from crisis stabilization programs/units, including completion of the Brief Psychiatric Rating Scale (BPRS/BPRS-C). The BPRS/BPRS-C provides an assessment of symptomatology and can be used to estimate the number of individuals who experience significant symptom reduction following crisis services. Many variables contribute to individual change in symptomatology and aggregate profiles can identify characteristics of those who experience significant symptom reduction and those whose symptoms increase or remain the same.<sup>1</sup> The data can direct quality improvement efforts by providing insight into regional and population-specific treatment needs as well as identify critical components of exemplar services.

*Requirement:*

The Regional Mental Health and Mental Retardation Board shall:

1. By September 1, 2006, all adult and child crisis stabilization programs/units must submit to DMHMRS the definition of “admission” and “planned discharge” used in your regional crisis stabilization program/unit; as well as the process for determining “admission” and “planned discharge”. This includes Mobile Crisis Programs without units and Crisis Stabilization Units. The DMHMRS Crisis Stabilization Services Definitions Report must be utilized to report this information.
2. Beginning October 1, 2006, all adult and child crisis stabilization programs/units must submit to DMHMRS a quarterly Admission/Discharge Report to include the total number of clients admitted to and discharged from the crisis stabilization program/unit during that quarter. The DMHMRS Crisis Stabilization Services Admission/Discharge Report must be utilized to complete this information.
3. All adult and child crisis stabilization programs/units must administer a BPRS or BPRS-C to all clients admitted to the program/unit and to all clients that have a planned discharge from the program/unit.
4. All adult and child crisis stabilization programs/units must submit to the Research and Data Management Center (RDMC) all BPRSs/BPRS-Cs administered monthly. At least 95% of all admissions to the program/unit must have a BPRS/BPRS-C form administered and submitted to RDMC for analysis on at least a monthly basis to earn incentive.
5. 95% of all planned discharges from the program/unit must have a discharge BPRS/BPRS-C form administered and submitted to RDMC for analysis on at least a monthly basis to earn incentive.
6. Each adult and child crisis stabilization program/unit must submit a semi-annual summary of internal BPRS/BPRS-C analysis of change scores. The DMHMRS Crisis Stabilization Services Admission/Discharge Report must be utilized to report this information.
7. Each adult and child stabilization program/unit must submit to DMHMRS an Outcomes-Based Performance Report covering the period January 1, 2006 through December 31, 2006. The DMHMRS Crisis Stabilization Services Outcomes-Based Performance Report must be utilized to report this information. This report shall be submitted by March 31, 2007, and shall encompass two components:
  - a) a profile of individuals who experience significant symptom reduction and identification of critical service components that may have contributed to this change, and
  - b) a profile of individuals whose symptoms increased or remained the same and a quality

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improvement plan describing how crisis services will be modified to better meet the needs of these individuals.
<i>Indicator:</i>
Admission and discharge data is submitted to RDMC on a monthly basis within thirty (30) days of month-end. An Outcome-Based Performance Report shall be submitted annually. A definition/process for Admission and Discharge shall be submitted by September 1, 2006. An Admission/Discharge Report shall be submitted quarterly.
<i>Documentation:</i>
<ul style="list-style-type: none"> <li>• BPRS or BPRS-C forms shall be submitted to RDMC.</li> <li>• A <u>Crisis Stabilization Services Definitions Report</u> shall be submitted by September 1, 2006.</li> <li>• A <u>Crisis Stabilization Services Admission/Discharge Report</u> shall be submitted quarterly beginning October 1, 2006.</li> <li>• A <u>Crisis Stabilization Services Outcome-Based Performance Report</u> shall be submitted by March 31, 2007.</li> <li>• <u>Must use the DMHMRS prescribed format to document this information (See submission guidelines).</u></li> </ul>
<i>Incentive Breakdown:</i>
<p>¼ of 1% for timely submission of <u>Crisis Stabilization Services Definitions Report.</u></p> <p>¼ of 1% for timely submission of <u>Crisis Stabilization Services Outcome-Based Performance Report.</u></p> <p>½ of 1% for timely submission of <u>Crisis Stabilization Services Admission/Discharge Report.</u></p> <p>0% of incentive for late (in excess of 10 days past due date) or non-submissions</p> <p>¼ of 1% for BPRS or BPRS-C reports on 95% of all admissions to Crisis Stabilization Programs/Units. Below 95% = 0% of incentive</p> <p>¼ of 1% for BPRS or BPRS-C reports on 95% of all planned discharges from Crisis Stabilization Programs/Units. Below 95% = 0% of incentive</p>
<u>To View Submission Guideline Click Here</u>

<sup>1</sup> The determination of significant symptom change will be made using a reliable change method (Hafkenscheid, 2000)

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**Please submit Required Reports electronically to: [Dottie.Crocker@ky.gov](mailto:Dottie.Crocker@ky.gov) (502-564-4860)**